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State of Nebraska
Investigator's Motor Vehicle Accident Report

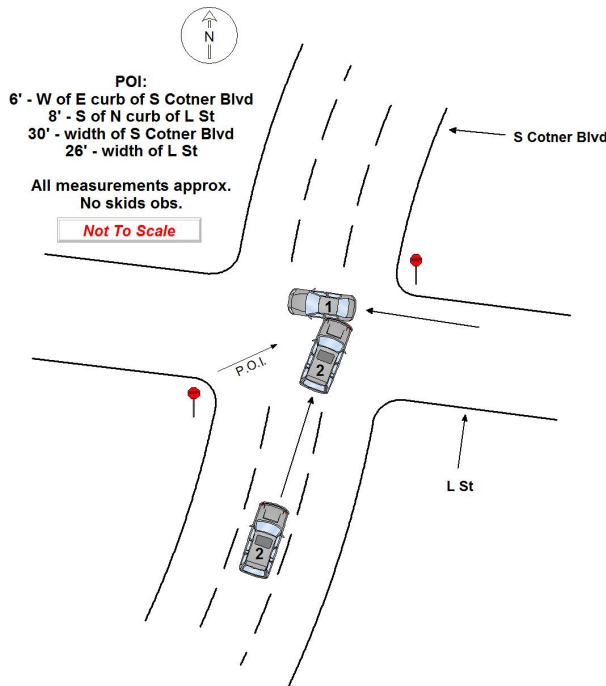
Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 052	Agency Case No. B5-083856	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/10/2015		TIME OF ACCIDENT 1600	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1603	Amended	
B	80	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S Cotner Blvd			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	09/16/2015
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE
D	2	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY L St				
V1/M	02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	G02190349		STATE (Of License)	NE
V1/N	5	DRIVER	CAROLYN A MAUL		PHONE	4024847174
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP 432 S 39TH ST, LINCOLN, NE 68510		DATE OF BIRTH (MM / DD / YYYY)	08/19/1937
G	3	OWNER	CAROLYN A MAUL		PHONE	4024847174
H	5	OWNER ADDRESS	CITY, STATE, ZIP 432 S 39TH ST, LINCOLN, NE 68510		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB478452
V1/O	2	LICENSE PLATE PA NO.	TGR970		YEAR (Plate Expires)	2016
V2/O	2	VEHICLE	2002	Chevrolet	MODEL	Malibu
I	1	VEHICLE ID NO. (VIN)	1G1ND52JX2M537511		COLOR	maroon / burgu
J	01	VEHICLE	2003	Chevrolet	MODEL	Blazer
K	02	VEHICLE ID NO. (VIN)	1GNDT13X53K178171		COLOR	silver / chrome
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
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THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-083856



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Dr1 stated she was operating a motor vehicle westbound on L St and had stopped at the stop sign on the northeast corner of S Cotner/L St. Dr1 believed traffic was clear and began accelerating across S Cotner Blvd. Dr1 did not see Veh2 traveling northbound as Veh2 was behind a vehicle that was turning onto L St. Dr1 stated she pulled in front of Veh2 and a collision occurred. Dr2 stated she was operating a motor vehicle traveling northbound on S Cotner Blvd in the center lane, approaching L St, at a reported speed of 35 mph. Dr2 observed Veh1 crossing S Cotner Blvd in front of her. Dr2 attempted to steer around Veh1, but was unable to and a collision occurred.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1	2	VEH 2	2
1				X	L St	POINT OF IMPACT	07	POINT OF IMPACT	01	1 Deployed - front	1 None used - vehicle occupant	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		
2	X				S Cotner Blvd	MOST DAMAGED AREA	07	MOST DAMAGED AREA	01	2 Deployed - side	2 Lap & shoulder belt used	ALCOHOL LEVEL TESTED	Y	Y	Y		
1	01	06 Turning left								3 Deployed - both front/side	3 Shoulder belt only used	BAC LEVEL					
2	01	08 Entering traffic lane								4 Not deployed	4 Lap belt only used	ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2			
		09 Leaving traffic lane								5 Child safety seat used	5 Child booster seat used		1	1			
01 Essentially straight ahead					09 Leaving traffic lane	02 03 04		05		6 DOT approved helmet used	6 Costume helmet used	1 Neither alcohol nor drugs suspected					
02 Backing					10 Parked	01 08 07 06		05		7 Restrained use unknown	7 Restrained use unknown	2 Yes - alcohol suspected					
03 Changing lanes					11 Slowing or stopped in traffic							3 Yes - drugs suspected					
04 Overtaking/ Passing					12 Other							4 Yes - alcohol & drugs suspected					
05 Turning right					13 Unknown							5 Unknown					

OFFICER NO. 1642	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jacob Wilkinson		INVESTIGATOR SIGNATURE Approved by Officer Jacob Wilkinson	DATE OF REPORT 09/16/2015